

an apartment filled with a similar atmosphere, the disease may be prevented. 6. The occurrence of bad symptoms is not to become a cause of despair.

In the same formula as above, Dr. R. directs the use of the carbolic acid in cases of diphtheria, but not by inhalation. It is to be directly applied to the seat of the disease by means of a hair pencil. At the same time the patient is to use as a gargle 10 to 15 drops of the above mixture to a tumbler (*grosse tasse*) of water. Previously to the introduction of this treatment nearly all Dr. R.'s cases of diphtheria terminated fatally; since its introduction, they have all run a favourable course.—*Centralblatt f. d. Med. Wissenschaften*, Sept. 17, 1870. D. F. C.

21. *Tubercular Deposit in the Cerebellum*.—Dr. SIMPSON read to the Manchester Medical Society, notes of a case of cerebral disease of much interest. The patient was a boy aged 14, who, up to the end of 1869, had enjoyed good health, and whose family history was satisfactory. About Christmas he began to complain of severe shooting pain at the back of the head, intermittent in character, and at times so severe as to make him scream out. Soon afterwards he began to vomit; at first in the morning, but subsequently also after his meals. The vomiting was unaccompanied by nausea. His bowels became very costive. He continued in this state for some time, when, about the middle of April, he began to have a dull heavy expression, and also showed some difficulty in walking and articulating. It soon became evident that his sight was becoming impaired, and though he remained fairly intelligent, his memory became very defective. There was slight paralysis of the internal rectus of the left eye. The symptoms gradually became worse. His gait was not that of paralysis, but of want of co-ordinating power. On July 25th, his eyes were examined with the ophthalmoscope, by Mr. Windsor, who reported a large and swollen condition of the optic disk, with no distinct boundary, a swollen and tortuous condition of the veins, and other evidence of intracranial pressure. His progress was steadily downward, and he died on September 17th, comatose. At the *post-mortem* examination the head only could be examined. The veins of the dura mater were turgid, and the visceral arachnoid rather thick and opaque; and there were several ounces of slightly turbid cerebro-spinal fluid. There was a little lymph about the optic commissure and anterior margin of the pons. The *venæ Galeni* were very turgid. The whole brain substance was softened, particularly the parts at the base. Both lobes of the cerebellum contained numerous yellow masses of tubercle, varying in size from a pea to a marble. No tubercle was found elsewhere in the brain, and during life there was no evidence of its presence in any other organ. Dr. Simpson referred to the question of diagnosis, and discussed particularly the differential diagnosis of tubercle and hydatid cyst of the brain.—*British Med. Journal*, Oct. 22, 1870.

22. *Tubercle of the Spinal Cord*.—Dr. EISENSCHITZ, in the *Jahrbuch f. Kinderheilk.*, iii. 2, 1870, reports the case of a male child, 3½ years old, who after suffering for some three days from severe headache and wakefulness, was seized with partial paralysis of the lower extremities, and of the urinary bladder. There was diminished sensibility of the paralyzed limbs; with complete insensibility of all the parts below the eighth dorsal vertebra, rendering the child, otherwise endowed with great irritability of constitution, perfectly passive under the most painful manipulations of the parts thus affected with analgesia. The activity of the reflex nervous functions were altogether unimpaired. Decubitus was in consequence maintained. At the end of six weeks death ensued. The examination of the body after death revealed the existence of a condition of general tuberculization. Throughout nearly the entire extent of the cerebral pia mater there was a diffusion of milary tubercles. Two cheese-like tumors, the size, nearly, of beans, were found imbedded in the right hemisphere of the cerebellum, and a similar tumour of the size of a pea in the spinal marrow, towards the lower part of its dorsal portion. That at this part of the cord there existed a lesion of, at least, the gray portion of, the cord, was very evident during the lifetime of the patient. The white substance of the cord

was merely enlarged and slightly softened. There was no indication of disease in either of the meninges of the spinal cord.—*Centralblatt f. d. Medicinisch. Wissenschaften*, July 23, 1870.

D. F. C.

23. *Tubercles in the Peritoneum*.—Dr. ALBANUS presents (*St. Petersburg Med. Ztschr.*, 1869) a sketch of the pathology of this disease based on the careful study of twelve selected cases. He objects to the name "*peritonitis tuberculosa*," usually applied to the affection, inasmuch as the production of the tubercles is entirely independent of any inflammatory action. In what is usually termed the first stage of tuberculization of the peritoneum, the latter exhibits simply an increase of *productiveness*, by which there is developed upon its surface numerous grayish-coloured miliary eminences, while, at the same time, there takes place an abnormally augmented secretion of serum into the peritoneal sac, so that from an early period some degree of ascites is already present. In the second stage the tubercular deposits acting as foreign bodies, set up an irritation in the peritoneum, and become surrounded by an augmented vascularity in the form of a red halo, indicative of the commencement of inflammation, the ascites, in the meantime, increasing in extent. In the third stage there occur softening and disintegration of the tubercles, an increase in the peritoneal inflammation, and a change in the effused fluid, it becoming turbid and of a reddish colour. In a clinical study of the disease this division of its course into different stages is not, however, recognizable.

The attack of tuberculization in the peritoneum commences with a general feeling of malaise, which, however, presents nothing to indicate with any precision the onset of so important a disease. Only in one case was an initial chill observed. When there is already present tubercles of the lungs or any other organ, still more obscure are the indications of abdominal disease. More or less speedily, however, symptoms are developed which indicate the locality, at least, at which morbid action has commenced. The entire establishment of the disease gives rise to a distressing, dragging sensation in the abdomen; soon after is added pain in the abdomen and loins, with loss of appetite, diarrhoea, and evident intumescence of the abdomen, the cause of which is soon recognized to be the accumulation of serum within the peritoneal sac. The patient becomes now feverish, the diarrhoea increases; there take place, occasionally, nausea and vomiting; the appetite continues defective. As the ascites increases in extent, the pain of the abdomen augments in severity, and bronchial catarrh with dyspnoea sets in. The fever increases with the full establishment of peritoneal inflammation. The lower extremities become cedematous. As the above symptoms augment in intensity, rapid emaciation ensues with great exhaustion, night sweats, etc. Remissions often occur in the course of the disease; the ascites begins to diminish; the discharges from the bowels are less frequent; the fever becomes diminished in intensity, and convalescence appears imminent. This apparent amendment, however, is of short continuance. The effusion into the cavity of the abdomen, the diarrhoea, the local pain, and the fever are the essential symptoms upon which, in cases of tubercles of the peritoneum, a correct diagnosis is to be based. Dr. A., remarks his reporter, Dr. Fräntzel, omits to mention among the diagnostic symptoms of tuberculization of the peritoneum, the frequent occurrence of a thickening, extending like a ridge across the abdomen, which can be felt by the hand through the abdominal parietes, as though it were a rope passed around the viscera.

In respect to treatment, the entire phenomena of the disease indicate the employment of roborants and a nourishing diet. Paracentesis, Dr. A. found to be injurious rather than beneficial. He proscribes it, therefore, entirely, excepting in cases where the effusion within the abdomen is to such an extent as to crowd upwards the diaphragm, thus causing an amount of dyspnoea threatening, almost, suffocation.

We may remark that all of the twelve cases upon the close observation of which the account given by Dr. A. of the pathology of peritoneal tuberculization is founded, terminated fatally.—*Centralblatt f. d. Medicinisch. Wissenschaft.*, July 30, 1870.

D. F. C.